EXECUTIVE SUMMARY
2004 WISCONSIN COMPREHENSIVE HIV PREVENTION PLAN

HIV Prevention Community Planning in Wisconsin

The Wisconsin HIV Prevention Community Planning Council first met in May of 1994 and has been meeting nearly monthly since then. Wisconsin has one statewide community planning group of 35-40 members responsible for providing the letter of concurrence on the CDC funding application from the Wisconsin AIDS/HIV Program and setting priorities for populations served and interventions provided in Wisconsin. October 2003 will begin Year 11 of community planning in Wisconsin.

Wisconsin Comprehensive HIV Prevention Plan

What is the *Plan*?

The *Wisconsin Comprehensive HIV Prevention Plan* is a document produced by the Council, which provides guidance on the priorities for HIV prevention in Wisconsin. The Council compiles information from a variety of sources, including the state epidemiologist, grantee agencies, current literature, and their own communities, to create a document that serves as a handbook to the provision of HIV prevention services. The *Plan* also chronicles the past year of community planning and proposes activities and areas of emphasis for the coming year.

The planning process builds upon itself each year as the comprehensive plans reflect. In Year 7 (September 2000 – August 2001) the *Plan* underwent great change with the implementation of the CDC's Evaluation Guidance and a nearly complete re-write of the *Plan*, yet retained much of the past work of the Council. *Plan 2003* is the most recent *Plan* and attempts to capture the Council's major work since its inception and the new directions given through the CDC's Evaluation Guidance, *Advancing HIV Prevention (AHP) Initiative, and 2002-2008 HIV Prevention Community Planning Guidance.*

How is the *Plan* used?

The *Plan* is used by HIV prevention grantees of the Wisconsin AIDS/HIV Program, other nonprofit agencies, local health departments, community members, and AIDS/HIV Program staff, including contract monitors. The *Plan* functions as a resource for epi data, a review of current literature on populations and interventions, and a tool for grantees preparing intervention plans and agencies applying for outside funds. Finally, the *Plan* serves as record of the Council's achievements, priorities, and proactive approaches to HIV prevention.

What's new in *Plan 2004*?

This *Plan* is quite similar in format to the *Plans* created for 2002 and 2003 and, in fact, incorporates much the same information. However, the Council has updated much of the material to reflect new directions in prevention planning. The following is a quick list of significant changes from the previous *Plan*:

- **Chapter 1** – This chapter is restructured to reflect the updated goals, objectives, and guiding principles outlined in the new *HIV Prevention Community Planning Guidance*. The *Guidance* provides more detailed attributes for each objective, creating more structure for how community planning is conducted, while still allowing jurisdictions the flexibility to customize their approach to planning.
- **Chapter 4** – This chapter describes various methods and entities involved in prioritizing the needs of behaviorally defined populations, various subpopulations within each population, and appropriate interventions . The biggest change to this chapter is Section 2, a success

story on the shift in HIV prevention funding to better meet the HIV prevention needs of men of color who have sex with men. The needs assessment section captures progress through the relationship between CAIR needs assessment activities, the Council, and the AIDS/HIV Program. The chapter also includes brief summaries of several priority setting processes in the state and nation, including a brief description of community involvement in the Division of Public Health's Turning Point process.

- **Chapter 5** – This chapter benefits from the recent literature reviews conducted by CAIR staff reflecting a focus on interventions found to be successful as well as general guidelines for how to improve various intervention types regardless of the population served. Some information on interventions has also been woven into the population-specific chapters (Chapters 7-13) in which interventions are recommended according to population.
- **Chapter 6 –** This chapter contains updated sections on the factors of deaf and hard of hearing and transgender to reflect findings through CAIR literature reviews and pioneering work in Wisconsin to reach transgender populations.
- **Population Chapters** – The major change in these chapters was to move the needs of each population out of the Populations Description section to their own Needs section in effort to make unmet needs more visible and accessible in the *Plan.* The Council will work with CAIR, as described in Chapter 4, to continue to expand this section of each population chapter.
- **Remaining chapters** – The remainder of the chapters were updated with new research that has emerged since the last *Plan*, new Council and AIDS/HIV Program efforts, and current epi data.

How is the *Plan* organized?

The following is a detailed description of the components of the *Plan*, as well as page numbers for their location in the *Plan.*

Wisconsin HIV Prevention Community Planning Council

Membership list and staff and consultant roster

Chapter 1: Goals & Guiding Principles of HIV Prevention Community Planning (page 1)

In 2003, the Centers for Disease Control and Prevention (CDC) released a new *HIV Prevention Community Planning Council Guidance*, to communicate CDC's expectations of health departments and HIV prevention community planning groups (CPGs) in implementing HIV prevention community planning. The *Guidance* describes three goals with eight objectives and ten guiding principles of HIV prevention community planning. This chapter includes a short description of each of these items with Wisconsin's current strategies and plans to address each goal and objective.

Chapter 2: Evaluation of HIV Prevention Program Activities (page 13)

Chapter 2 summarizes HIV prevention evaluation activities and technical assistance provided to grantees to strengthen HIV prevention services.

Chapter 3: Overall Epidemiologic Profile (page 21)

In the year 2002, 390 new cases of human immunodeficiency virus (HIV) infection[1] were reported in Wisconsin. This brings the total cumulative number of persons reported with HIV infection in Wisconsin to 7,964. Among these cases 5,187 meet the Centers for Disease Control and Prevention (CDC) criteria for AIDS; 2,777 have HIV infection but did not meet the AIDS

[1] In this report, "HIV infection" refers to persons with laboratory confirmed HIV infection regardless of whether or not they meet the CDC AIDS case definition.

case definition at the end of 2002. Epi data in this chapter is further analyzed by risk exposure, age, sex, race/ethnicity, and geographic locations.

Chapter 4: Priority Setting (page 39)

Priority setting, one of the most important aspects of the community planning process, is the process by which the Council decides which populations are most critical to reach and which HIV prevention interventions are presently most appropriate in Wisconsin. This chapter contains the following four sections and captures the activities from this year, as well as retains information from prior plans. This chapter contains the following four sections:

Section 1: Population and Intervention Descriptions and Council Priorities

This section includes a table that describes each population and a table that describes each intervention. For each table, there are columns devoted to what the population or intervention **does** and **does not include**. The categorization of populations and interventions in each table reflects a revised version of CDC's Evaluation Guidance released in 1999 and updated in 2001.

Grantees and other service providers can use these tables to familiarize themselves with the population and intervention categories defined in the *Plan* and to identify the populations they serve and the interventions they provide. Contract monitors use these tables to assist grantees in preparing and implementing intervention plans. The intervention descriptions table also appears in Chapter 5, Section 3.

This section also includes a brief list of the population-related topics and approaches to interventions discussed by the Council in Year 10. Each year the Council generates a list of topics to discuss in the coming year. While these topics may not always reflect the Council's recommended priorities for funding, all topics are of interest to the Council if only for the sake of increasing knowledge.

Finally, the section concludes with a list of the priority populations and interventions. These lists are also included in Chapter 1 under corresponding Council objectives.

Section 2: Resource Allocation and Epi Data: Meeting the HIV Prevention Needs of Men of Color who have Sex with Men

Men of Color Who Have Sex with Men (MCSM) have disproportionately high rates of HIV infection in Wisconsin and nationally. The Division of Public Health AIDS/HIV Program and Wisconsin HIV Prevention Community Planning Council have long recognized this health disparity and have promoted a number of interventions and capacity-building efforts to address it.

MCSM include African American, Hispanic/Latino, Native American and Asian/Pacific Islander men. The term MCSM is used because some men do not self-identify as gay or bisexual. In some cases in this article, the term Gay Men of Color is used to refer to men who do self-identify as gay.

This section describes:

- HIV infection rates in MCSM;
- Gaps in funding and services to reach this population;
- The efforts of the Planning Council to prioritize needs of MCSM and of the AIDS/HIV Program, its grantees, and other partners to better reach and serve this population; and

- Results of the 2002 AIDS/HIV Program request for proposals (RFP) process and its impact on funding services to reach MCSM.

Section 3: Needs Assessment

The Council has a long history of assessing the needs of populations through a variety of venues. In this section, the roles of the Council, contracted faculty at the Center for AIDS Intervention Research (CAIR), and the AIDS Program combine in an effort to formalize a needs assessment process for the next few years. Through this three phase process and with input from the Council and the AIDS Program, CAIR created an inventory of recent needs assessments, planned a multi-year approach to address gaps in needs assessments for priority populations, and has begun implementing the multi-year plan.

Section 4: Other Priority Setting Processes

This section gives a brief overview of the following priority setting processes:

- Wisconsin's State Health Plan – Healthiest Wisconsin 2010
- CDC's Strategic Plan
- The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior
- United Nations' Declaration of Commitment

Chapter 5: Interventions (page 59)

Section 1: Introduction

This section provides a brief introduction to the chapter. In December of 1999, the Centers for Disease Control and Prevention released its evaluation guidance entitled "Evaluating CDC-Funded Health Department HIV Prevention Programs." The Guidance provides a description of the minimum CDC evaluation requirements for HIV prevention programs funded under Cooperative Agreement 99004. More specifically, the Guidance provides mutually exclusive categorization for HIV prevention interventions and risk populations.

Section 2: Characteristics of Successful Prevention Programs

A prevention program is an agency's approach to serving a particular population. It may include more than one intervention, which is a specific way in which the population will be reached. For example, an agency may have an MSM **program**, which includes **interventions**, such as outreach, a group level intervention, and an individual level intervention.

The first portion of this section is a list of characteristics of successful programs according to the US Department of Health and Human Services. The second portion includes the findings of CAIR faculty literature review of characteristics of effective interventions. Intervention-specific findings are included in the sections for each appropriate intervention type. Where available, population-specific recommendations for interventions are included in the Recommended Interventions section of each population chapter.

Section 3: Behavior Change Theories

Over the years of community planning, several members have expressed interest in behavior change theories as a way to better understand their own work in HIV prevention and to better assess the work of agencies funded by the AIDS/HIV Program. This section of the Interventions Chapter is a beginning for exploring several behavior change theories. This year, the *Plan* includes information about the Stages of Change Theory. Future plans for expanding this section may include exploring one or two theories each year.

Section 4: Intervention Types

This section details each intervention recommended by the Council. A comprehensive table summarizes the descriptions of intervention types (bolded) based on the Centers for Disease Control and Prevention (CDC) Evaluation Guidance and the Council's recommendations. The same interventions table appears in Chapter 4, Section 1. In each population's chapter (Chapters 7-12), recommendations for interventions appear in Section 4. Chapter 13, Section 3, also contains recommendations for people living with HIV/AIDS.

After the table, the following information is provided for each intervention:

- Description of the intervention
- Scientific basis, including cost-effectiveness where available
- Resources, for further information

Chapter 6: Factors that Span Target Populations (page 95)

A variety of factors affect an individual's behaviors, risks for HIV infection, and the prevention efforts that will be effective. The HIV Prevention Community Planning Council has identified several factors that require special attention when designing and providing HIV prevention interventions. In its 10th year, the Council reviewed information on the factors of transgender and deaf and hard of hearing collected through a needs assessment contract with CAIR. Each of these factors affects HIV prevention needs in some way.

The factors addressed in this chapter are not direct risks for HIV infection. Instead these are factors that span risk populations. Factors in this chapter are linked to HIV, because they

1) increase the risk of HIV infection or increase risk behaviors;
- non-injection substance use
- sexually transmitted infections
- domestic violence

2) especially require cultural competence of the service provider in program design;
- living in poverty
- living in rural areas
- people of color
- incarcerated individuals
- youth
- developmental disabilities
- deaf or hard of hearing
- transgender and intersex
- women
- individuals over the age of 50

3) complicate care and treatment.
- hepatitis A, B, and C

For each factor, the following topics are addressed:

- Scientific Basis
- Challenges
- Solutions
- Resources

Year 11 factor discussion idea

Homophobia is a form of stigmatization and discrimination directed at people who identify as or are perceived to be homosexual. Homophobia has greatly impacted efforts to reduce the spread of HIV infection. According to the *Encyclopedia of AIDS: A Social, Political, Cultural, and Scientific Record of the HIV Epidemic,* discrimination is not only a social concern, but also a health-care concern. In the fight against AIDS, homophobia has been a serious barrier to HIV prevention education. In the United States, homophobia permeates social attitudes regarding sexuality and sexual behavior. Because of the strong association with gay and bisexual men at the beginning of the AIDS epidemic, homophobia has had many negative effects. Among these have been inadequate HIV prevention efforts in schools and the undermining of public health initiatives for HIV prevention and research appropriate to high risk populations. (Hunter, J. The High Price of Homophobia: HIV Prevention Education. Perspectives on the AIDS Epidemic: Government and Activism in The *Encyclopedia of AIDS: A Social, Political, Cultural, and Scientific Record of the HIV Epidemic*, R. A. Smith, ed., 1998)

In September 2003, the Council had a brief discussion about the effects of homophobia on HIV prevention. As a result, the Council has prioritized homophobia as a topic to explore in the new planning year beginning in October 2004. Topics to address related to homophobia include origins of homophobia; effects of homophobia on all people regardless of sexual orientation, sex, and gender; the impact of homophobia on HIV infection rates and on other health issues; and ways to address homophobia in providing prevention services. In addition, the Council will address other types of stigma associated with HIV/AIDS.

Chapter 7 of the Plan focuses on people living with HIV, independent of their behaviorally-defined risks. See Chapters 8-13 of the Plan for specific, mutually exclusive HIV risk population categories.

NOTE: Chapters 8-12 each contain the following:

Section 1 – An epidemiologic profile for the specific population

Section 2 – A population description, including challenges and resources; in some cases, specific subpopulations highlighted

Section 3 – A list of the needs identified by members of these populations in collaboration with the Council

Section 4 – Recommended interventions, includes a list of all interventions recommended for the population and, for select interventions, rationale, adaptations, and examples for effective implementation

Chapters 7 and 13 each contain the following:

Section 1 – A population description, including challenges and resources; in some cases, specific subpopulations highlighted

Section 2 – A list of the needs identified by members of these populations in collaboration with the Council

Section 3 – Recommended interventions, includes a list of all interventions recommended for the population and, for select interventions, rationale, adaptations, and examples for effective implementation

Chapter 7: HIV-Infected Persons (page 135)

This chapter addresses prevention for individuals of any age, race, gender, or geographic area who are infected with HIV. This group is not a behaviorally defined risk population like those in Chapters 8-13. The Council feels strongly that this group should be addressed independently from the behaviorally defined populations. In fact, this population is the Council's number one

priority population in accordance with the CDC's requirements. When providing prevention services to an individual with HIV, providers should consult the chapter that addresses the individual's behavioral risk, as well as this chapter. AIDS/HIV Program grantees will be expected to record these individuals according to the appropriate risk populations.

Since HIV transmission occurs from someone who is infected to someone who is uninfected, HIV-infected persons are a critical population to reach to minimize further transmission. As of the end of 2002 in Wisconsin, there were greater than 4,800 persons with **reported** HIV infection thought to be alive. This number does not include those individuals who are HIV-positive and have not been reported or tested.

Chapter 8: Men Who Have Sex with Men (page 141)

Description	This includes . . .	This does not include . . .
Men of any age or race who have sex with other men. Within MSM there are gay, bisexual, non-gay- or bisexual-identified (NGI) MSM and those who identify as transgender.	• Young MSM (YMSM) • Men of color who have sex with men (MCSM) • Urban MSM • Rural MSM	• Men who have sex with men AND inject substances (MSM/IDU)

Careful attention to demographics is a key to reaching this population with HIV prevention messages. Many MSM fall into multiple sub-populations, for example young men and men of color live in both urban and rural areas. Race, age, religious background, geographic location, and socio-economic status can all complicate accessibility to relevant HIV prevention messages for MSM in Wisconsin. MSM may also have sex with women, and some may not identify as gay. Finally, different sub-populations have been exposed to varying levels of interventions since the beginning of the epidemic, which may affect their receptivity to newly implemented interventions.

Chapter 9: Injection Drug Users (page 163)

Description	This includes . . .	This does not include . . .
People of any age, race, or gender, who inject any substance into a vein or muscle, or through "skin-popping," and share the needles and/or other injection equipment	• Individuals who inject substances and are women who have sex with women • Individuals who inject substances and have partners of the opposite sex	• Non-injection substance users (see Chapter 6) • Individuals who do not inject drugs themselves, but who have sex with individuals who inject any substance (Heterosexual Risk or MSM) • Men who have sex with men and inject any substances (MSM/IDU)

Individuals who inject any substance and share any of their equipment are at risk for HIV infection through blood-to-blood contact. This chapter addresses those individuals. Their non-injection substance using sexual partners of the opposite sex are addressed in Chapter 10. Male sexual partners of male injection drug users are addressed in Chapter 7. Female partners of female injection drug users are included under general population in Chapter 12, if these partners have no other defined risks.

Chapter 10: Men Who Have Sex with Men and Inject Drugs (page 177)

Description	This includes . . .	This does not include . . .
Men of any age and race who have sex with other men AND who inject any substance into a vein or muscle, or through "skin-popping," and share the needles and/or other injection equipment	• Only those men who have sex with other men AND inject any substance	• Men who EITHER have sex with other men (MSM) OR inject any substance (IDU)

MSM/IDU are men who BOTH have sex with other men AND inject any substance. The *2001 Wisconsin Comprehensive HIV Prevention Plan* was the first Wisconsin *Plan* in which MSM/IDU was recognized as a population with a chapter separate from the MSM chapter and the IDU chapter. This chapter will address only issues that are unique for men who participate in both risk behaviors.

Chapter 11: Heterosexual Risk (page 187)

Description	This includes . . .	This does not include . . .
Individuals of any race or age who report specific contact with a person of the opposite sex who is at increased risk for HIV infection	• Individuals whose partner of the opposite sex has HIV, injects drugs, or is a man who has sex with other men [1] • Individuals who have sex while drunk or high • Individuals with a sexually transmitted infection (STI) • Individuals who trade sex or pay for sex with drugs, money, food, shelter, etc. • Individuals who have been forced to have sex	• Individuals whose only risk is being sexually active or having multiple partners (General Population) • Individuals who acknowledge MSM and/or IDU risk (have separate categories)

[1] Interventions to reach individuals acknowledging these risks are prioritized ahead of individuals acknowledging the other risks listed under heterosexual risk.

Heterosexual high risk (see definition in next paragraph) accounts for approximately 11 percent of cumulative HIV infections in Wisconsin through December 31, 2002. The category of heterosexual risk encompasses individuals acknowledging a variety of factors that may affect their risk for HIV infection. Many of these factors may affect other populations, as well, and each factor is described in Chapter 6: Factors that Span all Risk Populations.

The introduction to this chapter describes the difference between the Council's term "heterosexual risk" and the AIDS/HIV Program's surveillance term "high risk heterosexual." The latter is used in the Section 1 epi profile.

Sections 2 and 3 of this chapter will focus on three subpopulations of heterosexual risk: sexual partners of injection drug users, sex traders, and men who identify as heterosexual (heterosexual men). Sexual partners of injection drug users are highlighted, because the majority of individuals included under heterosexual risk in Wisconsin were infected through sex with a partner of the opposite sex who also injected drugs. Although data is not collected on sex trading in Wisconsin HIV/AIDS surveillance data, the HIV Prevention Community Planning

Council identified sex traders as a priority population in Wisconsin. The reasons for including heterosexual men are two-fold. First, heterosexual men are included to address males who identify this way, but may have sex with other men. Second, heterosexual men are included to reflect the role they may play in increasing infections among women.

Chapter 12: Pregnant Women with HIV (page 201)

Description	This includes . . .	This does not include . . .
Pregnant women with HIV	Females who are both HIV positive and pregnant, putting the fetus at risk for HIV infection	Females with HIV who are not pregnant

Perinatal transmission is the risk for this population. Perinatal transmission may occur during pregnancy or the birth process, or through breastfeeding.

Wisconsin can be proud of its success in prevention of perinatal transmission. In Wisconsin, four cases have been reported among children born between 2001 and 2002. In Wisconsin, 72 persons reported with HIV infection are classified in the "mother with/at risk" risk exposure category; this represents less than 0.9% of all reported cases of HIV infection (total cases=7,964). Forty-three cases in this risk exposure category meet the AIDS case definition. Likely, much of this success in reducing perinatal transmission can be credited to testing pregnant women for HIV antibodies, treating those who are HIV positive with AZT during pregnancy and delivery, and treating the infant after birth.

This chapter will address the challenges to reducing perinatal transmission, as well as some solutions and resources for more information. Section 4 will address the interventions recommended for professional organizations addressing prenatal care and health care providers. The primary role of HIV prevention grantees is to refer pregnant women with HIV into services offered by prenatal care providers and to provide supportive prevention and social services.

Chapter 13: General Population (page 211)

Description	This includes . . .	This does not include . . .
Individuals who do not report risks that are included in the preceding populations	See description	Individuals who report any risks included in any of the preceding populations

This chapter addresses individuals of any age, race, or gender who do not report any of the risk behaviors described in any of the previous population chapters (see Population Description table in Chapter 4, Priority Setting, Section 1). General population includes the following individuals:

- those who are not sexually active and do not inject any substances;
- those whose only risk is being sexually active or having multiple partners;
- those who are in a mutually monogamous relationship with an individual not perceived to be at any risk for HIV;
- those who may participate in risk behaviors in the future; and
- those who may experience a workplace blood exposure.

Appendix A: HIV Prevention Community Planning Year 10 Calendar (page 217)

Appendix B: Glossary of Acronyms (page 219)